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JUN 2 200			or]	<u>Fax</u>	(703) 746-4000	,			
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BLAKELY SOKOLOFF TAYLOR & ZAFMAN 12400 WILSHIRE BOULEVARD SEVENTH FLOOR LOS ANGELES, CA 90025-1030					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
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)2 FC:1504	1400.00 OP 300.00 OP					6/22	105	(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY I	OCKET NO.	CONFIRMATION NO.	
10/786,940	02/24/2004	Robert J. Riesen			an 42P12432C2		432C2	3806	
TITLE OF INVENTION: O	BTAINING DATA MASK	MAPPING INFOR	MATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700		07/07/2005	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS]			
NGUYEN	2824	2824		365-189010					
1. Change of correspondence address or indication of "Fee Address" CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1 BLAKELY, SOKOLOFF						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a					& ZAFMAN LLP	
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custor Number is required.			registered attorney of agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3						
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print o	r type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion of	elow, no assignee of this form is NOT	data will app a substitute	ear on th for filing	ne patent. If an assign an assignment.	ee is identified	below, the d	ocument has been filed for	
(A) NAME OF ASSIGN	EE	(B) RESIDENC	E: (CIT	Y and STATE OR COU	JNTRY)			
INTEL CORPORATION			SANTA CLARA, CALIFORNIA						
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the p	atent) :	Individual XX Co	orporation or ot	her private gro	oup entity Government	
a. The following fee(s) are enclosed:			4b. Payment of Fee(s):						
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Date 6/21/2005

Typed or printed name EDWIN H. TAYLOR Registration No. 25,129

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5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).